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| STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION | <input type="checkbox"/> PETITION TO TERMINATE OR MODIFY GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP | FILE NO. |
|---|--|-----------------|

In the matter/estate of _____

| | | | | |
|-----------|---------------|------|-----|-------------------------------|
| Court ORI | Date of birth | Race | Sex | Current address of individual |
| | | | | |

1. I am interested in this matter as _____ .
State relationship/interest
2. The interested persons, addresses, and their representatives are identical to those appearing on the initial petition except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)

I REQUEST that the court:

3. ☐ Terminate the guardianship/conservatorship.
☐ Accept the guardian's/conservator's resignation.
☐ Remove the guardian/conservator who ☐ has ☐ has not been suspended.

☐ **Appoint** _____
 Name (type or print) Address

 City, state, zip Telephone no.

as successor guardian/conservator.

- ☐ Appoint a temporary guardian/conservator pending appointment of a successor.

☐ **Appoint** _____
 Name (type or print) Address

 City, state, zip Telephone no.

as standby/successor standby guardian under MCL 330.1640.

- ☐ Modify the powers of the guardian/conservator as follows: _____
- _____
- _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

4. The reasons why the court should take action as requested are: _____

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

| | | | |
|-------------------------------|--|-------------------------------|--|
| _____ Attorney signature | | _____ Date | |
| _____ Name (type or print) | | _____ Petitioner signature | |
| _____ Address | | _____ Name (type or print) | |
| _____ City, state, zip | | _____ Address | |
| _____ Telephone no. | | _____ City, state, zip | |
| _____ Telephone no. | | _____ Telephone no. | |

NOMINATION BY MINOR:

☐ I am 14 years of age or older. I nominate _____ as my guardian/conservator who

lives at _____

Address City State Zip

| | |
|---------------|-----------------------------|
| _____ Date | _____ Signature of minor |
|---------------|-----------------------------|

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| STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION | NOTICE OF HEARING | FILE NO. |
|---|--------------------------|-----------------|

In the matter of _____

TAKE NOTICE: A hearing will be held on _____ at _____ m.,
Date Time
 at _____ before Judge _____
Location Bar no.
 for the following purpose(s): state the nature of the hearing

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

| | | | |
|--|---------------------------------------|--|---------------------------------------|
| _____ | | _____ | |
| <small>Date</small> | | <small>Date</small> | |
| _____ <small>Attorney name</small> | _____ <small>Bar no.</small> | _____ <small>Petitioner name</small> | _____ <small>Bar no.</small> |
| _____ <small>Address</small> | | _____ <small>Address</small> | |
| _____ <small>City, state, zip</small> | _____ <small>Telephone no.</small> | _____ <small>City, state, zip</small> | _____ <small>Telephone no.</small> |

The law provides that you should be notified of this hearing. Unless the check box below is marked, you are not required to attend the hearing, but it is your privilege to do so.

☐ You are required to attend this hearing.

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|---|--|-----------------|
| STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION | ORDER REGARDING APPOINTMENT OF GUARDIAN/CONSERVATOR <input type="checkbox"/> GUARDIAN FOR MINOR <input type="checkbox"/> GUARDIAN FOR LII <input type="checkbox"/> CONSERVATOR | FILE NO. |
|---|--|-----------------|

In the matter of _____

1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.

3. A petition to terminate/modify a guardianship/conservatorship was filed with this court and should be ☐ granted. ☐ denied.

4. The fiduciary: ☐ should be removed and a successor appointed.
☐ should be permitted to resign and a successor appointed.
☐ has died or become disabled and a successor must be appointed.
☐ is not effectively performing the duties of a guardian and the welfare of the incapacitated individual requires immediate action and the appointment of a temporary guardian.

☐ 5. The individual: ☐ continues to be an incapacitated individual and in need of a guardian as a means of providing continuing care and supervision of the person.
☐ continues to be a person in need of a conservator.
☐ is a minor who continues to need a guardian.
☐ is no longer in need of a ☐ guardian ☐ conservator.

☐ 6. There is no qualified, suitable individual willing to act as conservator/guardian and the appointment of a professional guardian/conservator as fiduciary is in the best interest of the individual. A bond must be filed.

IT IS ORDERED:

☐ 7. The appointment of a special conservator is necessary to preserve the estate or secure its proper administration.

☐ 8. _____ is removed/permitted to resign as _____.
Name of fiduciary _____ Type of fiduciary _____
☐ S/he shall file with this court and serve on the interested persons a final account no later than _____.
☐ The guardian is discharged. The matter ☐ is closed. ☐ is not closed. Date _____

☐ 9. _____
Name _____ Address _____
City _____ State _____ Zip _____ Telephone no. _____ is appointed:
☐ a. successor ☐ full ☐ limited ☐ temporary guardian of the individual and qualifies by filing an acceptance of appointment. After qualification, the guardian shall comply with all relevant requirements under the law.
☐ The temporary guardian shall serve until _____ with the following powers: _____
Date _____

(PLEASE SEE OTHER SIDE)

USE NOTE: This order is used with a petition to terminate or modify a conservatorship or a guardianship of a minor or legally incapacitated individual (Form PC 638).

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9. ☐ b. ☐ successor ☐ special conservator shall have the following powers: _____

An acceptance of appointment is to be filed. ☐ Bond is fixed at \$ _____.
After qualification, the conservator shall comply with all relevant requirements under the law.

☐ 10. The ☐ guardianship ☐ conservatorship is modified as follows: _____

☐ 11. The petition is denied.

☐ 12. Other:

Date

Judge

| | | |
|---|----------------------------------|-----------------|
| STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION | ACCEPTANCE OF APPOINTMENT | FILE NO. |
|---|----------------------------------|-----------------|

In the matter of _____

1. I have been appointed _____ of the person/estate.
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

☐ 3. For a period of _____ days from the date of my appointment I exclude from the scope of my responsibility the
not to exceed 91 days
 following real estate or ownership interest in a business entity: _____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

 Date

 Signature

 Attorney name (type or print) Bar no.

 Name (type or print)

 Attorney address

 Address

 City, state, zip Telephone no.

 City, state, zip Telephone no.

 Date of birth

 Driver license no. or other identification

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|---|-------------------------|-----------------|
| STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION | PROOF OF SERVICE | FILE NO. |
|---|-------------------------|-----------------|

In the matter of _____

1. Titles of the papers served or mailed: _____

- ☐ 2. I served by ☐ ordinary mail ☐ registered mail (copy of return receipt attached) ☐ certified mail (copy of return receipt attached) the papers described above on:

| Name | Complete address of service | Date |
|------|-----------------------------|------|
| | | |
| | | |
| | | |
| | | |

- ☐ 3. I served by **personal service** the papers described above on:

| Name | Complete address of service | Date and Time |
|------|-----------------------------|---------------|
| | | |
| | | |
| | | |

- ☐ 4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

| Service fee | Miles traveled | Mileage fee | Total fee |
|-------------|----------------|-------------|-----------|
| \$ | | \$ | \$ |

Date _____

Signature _____

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MACOMB COUNTY PROBATE COURT

MINOR GUARDIANSHIP CLEARANCE REQUEST

FILE NAME: _____

MINOR'S RACE: _____ MINOR'S DOB: _____ MALE / FEMALE
(Circle One)

FILE NUMBER: _____

PROPOSED GUARDIAN/CO-GUARDIAN INFORMATION

FULL NAME: _____
LAST FIRST MIDDLE (No Initials)

BIRTHDATE: _____ RACE: _____ MALE / FEMALE
(Circle One)

ADDRESS: _____

()
PHONE NO.

FULL NAME: _____
LAST FIRST MIDDLE (No Initials)

BIRTHDATE: _____ RACE: _____ MALE / FEMALE
(Circle One)

ADDRESS: _____

()
PHONE NO.

NAME(S) AND BIRTH DATES OF ALL OTHER ADULT & MINOR RESIDENTS IN THE PROPOSED GUARDIAN'S HOME

HEARING DATE: _____

REQUESTED BY: _____

DATE REQUESTED: _____

REQUEST RESULTS

CPS CLEARANCE: _____

LEIN RESULT(S): _____

DATE: _____